FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)								Of	fice use o	anly			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typyi the lines	ng, type		12F	E4M		lice use t	ority			
American Col	lege of Radiology	/ Association			1 1 1		1 1		1 1	1.1	1 1		1	, l
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ADDRESS (number and	street) 1891	Preston White D	rive										ı	Ш
(Check if addr is changed)	ress Rest	on					L VA	·]	 	20-	191	<u>ш</u>		Ш Ш
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COMMITTEE'S FAX I 703-262-9312	NUMBER	ل												
2. DATE <b>M</b> 3	0 6 Y	2009												
3. FEC IDENTIFICA	ATION NUMBER	C	C 00	343459										
4. IS THIS STATEM	MENT NEV	V (N) OR	X	AMEN	DED (A)									
I certify that I have exam	ined this Statement and	I to the best of my know	vledge an	d belief it is tr	ue, correc	ct and	compl	ete						_
Type or Print Name of	Treasurer	OR William Herrir	ngton											
Signature of Treasure	Electronically File	d by <b>DR William</b>	n Herrir	igton		D	ate	<b>0</b>	<b>2</b> <sup>M</sup>	D 1	<b>2</b> /	YYY	2 0 0	9
NOTE: Submission of fa		nplete information may								of 2 U.S	S.C. S4	37g.		
Office Use Only				For further Federal Elec Toll Free 80 Local 202-6	ction Comr 0-424-953	missio					FOI		1	

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